

# Form AU-686

## Roll-Your-Own Cigarette Tobacco Product Declaration

(New 09/01)

|                                     |                             |  |                     |
|-------------------------------------|-----------------------------|--|---------------------|
| Tobacco Products Distributor's Name |                             | Date Received <i>(For Department Use Only)</i> |                     |
| Contact Person                      | Telephone Number<br>(     ) | Connecticut Tax Registration Number            |                     |
| Mailing Address                     | Number and Street           | City, Town or Post Office                      | State      Zip Code |
| Physical Location                   | Number and Street           | City, Town or Post Office                      | State      Zip Code |

1. Since July 1, 2000, I have not purchased untaxed roll-your-own cigarette tobacco products. I understand that "untaxed roll-your-own cigarette tobacco products" means any roll-your-own cigarette tobacco products on which Connecticut tobacco products tax has not been paid.
2. I understand that by signing this declaration I will not be required to file **Schedule E**, *Roll-Your-Own Tobacco Products Purchased, Acquired or Shipped Into Connecticut During the Month*, with my monthly **Form OP-300**, *Tobacco Products Tax Return*.
3. I also understand that, if I purchase untaxed roll-your-own cigarette tobacco products, I will be required to file **Schedule E** with my monthly Tobacco Products Tax Return.

**Declaration:** I declare under the penalty of law that I have examined this declaration (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

|             |        |
|-------------|--------|
| Signature:  | Date   |
| Print Name: | Title: |